

SUBCONTRACTOR QUALIFICATION APPLICATION

Company Name: _____

Address: _____

City, State and Zip: _____

Phone #: _____

Fax #: _____

Contact Person: _____

E-Mail address: _____

1: Type of Trade: _____

2: Type of Organization:

Corporation Partnership Individual/Sole Proprietor

3: Federal Tax ID # _____

4: Number of years in business? _____ years

5: Name of officers/partners/owners:

Name _____ Title: _____

Name _____ Title: _____

6. List (3) Trade references:

1. Company Name _____

Contact: _____

Address: _____

Phone: _____

R. C. Griffin, Inc.

General Contractors

49 Central Street, Peabody, Mass. 01960 (978) 977-3339 Fax (978) 977-3399

2. Company Name _____

Contact: _____

Address: _____

Phone: _____

3. Company Name _____

Contact: _____

Address: _____

Phone: _____

7. Do you have a written Safety Program? **Yes** **No**

8. Have you been cited by OSHA within the last 4 years? **Yes** **No**

9. List the Companies Workers Compensation Modification Rating (EMR) for the past three Years.

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Submitted by: _____

Title: _____

Date: _____

(Please fax back the completed form along with a Certificate of Insurance and W-9 form. Should we need additional information we will contact you).